

ADMINISTRATOR TO COMPLETE THIS SIDE OF FORM

Explain what employee was doing just prior to and at the time of the incident (use sequence of events), and please be specific.

Root Cause?

Contributing Factors

- | | |
|--|--|
| <input type="checkbox"/> Machinery Defect (Save defective parts and pieces) | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Tool or Equipment Broke (Save broking parts and pieces) | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Proper Tools/Equipment Not Available | <input type="checkbox"/> Clothing or Jewelry |
| <input type="checkbox"/> Floor, Work Surface, or Walking Surface | <input type="checkbox"/> Training |
| <input type="checkbox"/> Equipment Guarding | <input type="checkbox"/> Employee Choices |
| <input type="checkbox"/> Weather/Road Conditions | <input type="checkbox"/> Supervisor Choices |
| <input type="checkbox"/> Other _____ | |

Administrator Recommendation to Prevent Recurrence

Corrective Action Needed

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Improve Design | <input type="checkbox"/> Improve Housekeeping | <input type="checkbox"/> Safety Devices | <input type="checkbox"/> Personal Protection Equipment |
| <input type="checkbox"/> Repair or Replace Equipment | <input type="checkbox"/> More Direct Supervision | <input type="checkbox"/> Job Safety Analysis | <input type="checkbox"/> Maintain Clean Work Area |
| <input type="checkbox"/> Training | <input type="checkbox"/> Establish Rule/Procedures | <input type="checkbox"/> Discipline (Rule Enforcement) | |

Safety Equipment

- | | | | |
|----------------------------------|--|-------------------------------------|--|
| Availability of Equipment | <input type="checkbox"/> Not in Use | <input type="checkbox"/> Adequate | <input type="checkbox"/> Not Understood |
| Proper Equipment | <input type="checkbox"/> Training Required | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Enforcement Issue |

Other: _____

Administrator Signature

Date

SAFETY COMMITTEE EVALUATION

District Safety Officer Signature: _____ **Date:** _____